

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		2				
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
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37						
38						
39						
40		2				
41						
42						
43						
44						
45						
46						
47		4				
48		4				
49		4				
50		2				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68						
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93						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	4		↓		↓	
TOTAL DEP.	192		←		←	
TOTAL CLAIMS		196				

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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47						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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56						
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59						
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62						
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64						
65						
66						
67						
68		2				
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72						
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74						
75		1				
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89						
90						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						